

188 B

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami
(Registration District)County Gila

No. _____

St. _____

SEX OF CHILD*	Twin	}	and	}	Number in order of birth
Female	Triplet or other?				
DATE OF BIRTH* <u>March 31 1927</u> (Month) (Day) (Year)					
FULL NAME			FATHER		
<u>Jesus Huerta</u>					
FULL NAME			MOTHER		
<u>Lucia Torres</u>					

I HEREBY CERTIFY that the child described herein
has been namedMaria Angela Huerta

(Give name in full)

(Surname)

Lucia & Valencia

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

If blank supplemental reports of birth may be obtained from the local registrar.
10: 10-1-43-S.P.Co.

481-331-332

USE PERMANENT INK